FREE & REDUCED APPLICATION

IF DIRECT CERTIFICATION (FOOD STAMPS, TAFI, OR FDPIR) IS USED - DO NOT FILL OUT THIS FORM

FY 2007-08 APPLICATION FOR SIMPLIFIED SUMMER FOOD PROGRAM

To apply for Summer Food Service Program meals for your child, (1) Read the parent letter and complete this form. (2) Sign your name and (3) return the application to the SFSP Sponsor. **Please print**.

1 STUDENT INFORMATION – Please print.

2 List the **FOOD STAMP**, **TAFI**, or **FDPIR** case number for each child, if any. Skip Parts 3 & 4 and complete Part 5.

	NAME	GRADE	NAME OF SCHOOL	FOOD STAMP NUMBER	TAFI/FDPIR NUMBER
1					
2					
3					
4					
5					
6					

3 FOSTER CHILD: ☐ Check box if applying for a foster child. **Complete a separate application for each foster child.**
List the child's monthly personal use income. Write "0" if the child has no personal use income. **$** _____
Skip Part 4 and complete Part 5. A social security number is not required for foster parents.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp, TAFI, or FDPIR number for each child, skip to Part 5. List all members not listed above. *(To figure monthly income: **Weekly x 4.33; Every 2 Weeks x 2.15; Twice a Month x 2**)*

TOTAL HOUSEHOLD MEMBERS List the names of everyone in your household except children listed above. (Unless income earned.)	Gross MONTHLY Earnings (Before Deductions) Job 1	Job 2	MONTHLY Welfare Payments, Child Support, Alimony (Amount Received)	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
1					
2					
3					
4					

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. **If on Food Stamps or TAFI, a Social Security number is not required. Just sign in Box #5.**

☐ **CHECK HERE:** If children listed on the application are new to this school or did not receive free and reduced meals last year.

SOCIAL SECURITY NUMBER*
☐☐☐-☐☐-☐☐☐☐

☐ I do not have a **Social Security Number**

X _____
Signature of Adult Household Member

Printed Name of Above Signature

Home Phone No.   **Work Phone No.**

Street/Apt. Number

P. O. Box No.

City   **State**   **Zip**

Date Signed

6 RACE: Please check the racial identity of your child(ren). You are not required to answer this question.

☐ WHITE
☐ BLACK OR AFRICAN AMERICAN
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ HISPANIC OR LATINO
☐ ASIAN
☐ AMERICAN INDIAN OR ALASKA NATIVE

*PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp, TAFI, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of Food Stamps, TAFI, or FDPIR benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

MONTHLY INCOME CONVERSION: Weekly X 4.33: Every 2 Weeks X 2.15: Twice a Month X 2

☐ FOOD STAMP/TAFI/FDPIR HOUSEHOLD
☐ INCOME HOUSEHOLD: Total household monthly income: $_____   Household size: _____

DENIED:
☐ Income Over Allowed Amount
☐ Incomplete/Missing
☐ Other

TEMPORARY APPROVAL FOR:
☐ Free Meals, expires _____
☐ Reduced-Price Meals, expires _____

APPLICATION APPROVED FOR:
☐ Free Meals
☐ Reduced-Price Meals
☐ _____
WITHDRAWAL DATE

VERIFICATION RESULTS:
☐ No Change   ☐ Free to Reduced   ☐ Reduced to Free
☐ Ineligible (Reason)

Signature of Determining Official: **X**

Signature of Verifying Official: **X**

Date

Date Signed:	Date Notice Sent:	Date 1st Notification Sent:	Date 2nd Notification Sent:

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